



RALEIGH TELEVISION NETWORK  
PUBLIC ACCESS INFORMATION FORM

Please fill out completely

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Print (Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
Zip code

Phone Number \_\_\_\_\_  
Area Code Home Work

Email Address \_\_\_\_\_  
(Print Clearly)

Check one: Television production experience \_\_\_\_\_ yes \_\_\_\_\_ no

Do you own any type of television equipment? \_\_\_\_\_ yes \_\_\_\_\_ no

List equipment that you own or have access to use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have programming content ready to air on RTN10 \_\_\_\_\_ or RTN22 \_\_\_\_\_?

Have you ever used or produced for a Cable Access organization? \_\_\_\_\_ yes \_\_\_\_\_ no

Describe the equipment that you used and any certifications that you received:

\_\_\_\_\_

\_\_\_\_\_

Have you every used Raleigh Community Television equipment or facilities to produce a program?  
\_\_\_\_\_ yes \_\_\_\_\_ no

Check the top three classes/workshop(s) that you are interested in taking -- **in order of your preference or production needs**: If you do not have any television experience and have never participated in public access, you will need to sign up for the Producers Workshop.

\_\_\_\_\_ Beginning Field Production  
\_\_\_\_\_ Advanced Field Production  
\_\_\_\_\_ Final Cut Pro Editing  
\_\_\_\_\_ Studio Camera Operation  
\_\_\_\_\_ Studio Control Room Operation  
\_\_\_\_\_ Studio Lighting

\_\_\_\_\_ Audio  
\_\_\_\_\_ Character Generator  
\_\_\_\_\_ Teleprompter  
\_\_\_\_\_ Ingress/Egress  
\_\_\_\_\_ Producers workshop  
\_\_\_\_\_ Directors workshop

Thank you.